

I hereby authorize and designate _____, Esq.,
to appear for me and to represent me before an Appeal Tribunal and/or the Board of Review. I understand that it
is my responsibility to pay to my attorney any and all fees approved by the Board of Review.

IN THE MATTER:

Claimant's Name

Address

City, State, Zip

Claimant's Signature

Claimant's SS#

Appeal Tribunal Docket #

Board of Review Docket #

I hereby consent to represent this claimant before an Appeal Tribunal and/or the Board of Review and, in
accordance with R.S. 43:21-15(b), N.J.A.C. 1:12-5.1(b) and N.J.A.C. 1:12-5.1(c), shall not charge or receive for
such services more than an amount approved by the Board of Review.

I request approval to charge a fee of \$ _____.
(SEE REVERSE SIDE FOR ITEMIZATION OF SERVICES RENDERED)

ATTORNEY'S SIGNATURE

In determining the amount of fee you can charge your client, the Board of Review will take the following
matters into consideration:

1. The amount of time spent on the case.
2. The complexity of the case.
3. The services performed.
4. The results achieved (i.e. favorable or unfavorable).

PLEASE RETURN THIS FORM ALONG WITH A COPY OF THE MOST RECENT APPEAL TRIBUNAL OR
BOARD OF REVIEW DECISION TO:

NEW JERSEY DEPARTMENT OF LABOR
BOARD OF REVIEW
PO BOX 937
TRENTON, NEW JERSEY 08625-0937

SEE REVERSE SIDE FOR IMPORTANT INFORMATION

BOARD OF REVIEW
ATTORNEY'S AUTHORIZATION

ITEMIZATION OF SERVICES RENDERED:

Date	Itemization of Services:	Time Spent
TOTAL HOURS		

I certify that the above information is true and correct to the best of my knowledge and belief. I further certify that I have furnished a copy of this petition and any attachments to the person(s) for whom the above services were performed.

ATTORNEY'S SIGNATURE

ADDRESS

CITY, STATE, ZIP

DATE _____